

APPLICATION FOR CONTRACTOR BUSINESS LICENSE FOR YEAR 2009

CITY OF ABBEVILLE
100 COURT SQUARE
P.O. BOX 40
ABBEVILLE, SC 29020
864-489-5017



For license application, please send completed application to:
City of Abbeville, 100 Court Square, Abbeville, SC 29020

Please Include A Copy Of Your State License

Business Name and Mailing Address

PLEASE NOTE:

Contractors without a permanent place of business in the City are required to renew their business license for each additional project. Additional projects are only subject to the \$1.30 per thousand for the gross receipts of the project.

PHONE:

LOCATION:

BUSINESS CLASS: 0008

BUSINESS DESC: CONTRACTOR

RESP. PERSON:

TAX ID NUMBER or
SSN Number:

OWNERSHIP TYPE:

Calculation of License Fee Based on Rate Class 8002

RATE

LICENSE FEE

1. Minimum Fee For Class Rate

\$125.00

(Total if gross receipts are less than \$1,000 then only the minimum will be assessed)

2. Gross Receipts \$ _____

(For 2008, annual project)

3. Less \$ _____ = \$2,000.00

4. Total \$ _____

+

(Total Amount by Line 4 divided by \$1,000 rounded up to the nearest dollar)

5. Divide by \$ _____ ÷ \$1,000.00

6. Total \$ _____

X

\$1.30

(Total Amount by Line 6 multiplied by \$1.30)

7. Total of Minimum Fee and Class Rate Calculation

=

(Line 1 + Line 6)

Total Payment

Licensee/Owner Signature

Title

Date

Responsible Person/Manager Signature

Title

Date

Applicant Signature

Title

Date